SOMOS COMMUNITY CARE

**From the desk of the CEO**
**Mario J. Paredes**

*June 24, 2019*

**Back to the future: Neighborhood-Based Primary Care is launched!**

HEALTH CARE for the poor has a new model. It is called Neighborhood-Based Primary Care (NBPC) and it holds the promise of delivering quality care to the neediest Medicaid recipients at a manageable cost. NBPC rehabilitates, reiterates and restores the leadership role of the primary care physician—the family doctor—as a trusted figure in the lives of patients and their families. Late spring in New York City the first annual conference on NBPC introduced the model as "an Innovative Organizing Principle for Healthcare Delivery"—the primary care physician's practice as the gateway to comprehensive, holistic patient care.

The conference was sponsored by SOMOS Community Care, a network of 2500 independent doctors, most of them neighborhood-based primary care physicians, serving a population of more than 700,000 of New York City's most vulnerable Medicaid patients. SOMOS founder and chairman Dr. Ramon Tallaj is the leading figure in what he hopes will become a national NBPC movement.

SOMOS got its start as a so-called Performing Provider System (PPS) mandated by the Delivery System Reform Incentive Payment (DSRIP) program, which was launched in 2015 by the New York State Department of Health (NYSDOH). Designed to significantly cut back on costly and unnecessary hospitalizations, the DSRIP program is driven by the Value-Based Payment (VBP) or Pay-for-Performance formula that pegs providers' renumeration to the longer-term health outcomes of patients. The more a patient flourishes, the greater the payment to the doctor. By contrast, the traditional Medicaid model, prone to waste and fraud, pays physicians according to discrete transactions that rarely add up to genuinely personalized care.

Value-Based Payment, or Value-Based Care, is an integral part of the Neighborhood-Based Primary Care model. It is an incentive for physicians to deepen their professional and personal investment in the well-being of their patients; it puts the spotlight back on doctors' deeply humanistic calling to be healers and leaders in the community.

SOMOS doctors can rely on a carefully calibrated support system that assists physicians' practices in a variety of ways, including: through help with careful electronic health record-keeping—to facilitate trendspotting and reporting to the NYSDOH; follow-ups with patients

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to ensure that medical regimens and appointments are kept; and through the gathering of information on the overall family circumstances of the patients, thanks to home visits by Community Health Workers.

This integrated support system—managed by SOMOS 'practice transformation' teams—holds the key to the neighborhood doctor being intimately aware of patients' circumstances. This personal knowledge is critical for the establishment of trust in the doctor-patient relationship.

Now in its fifth year of operation, SOMOS has served as a laboratory for the exploration of what an enhanced performance by community-based doctors—largely serving African American, Chinese American and Latino patients in the inner city—can accomplish. The results have been striking: SOMOS has reduced preventable hospital admissions by 36 percent, and preventable visits to the emergency room by 34 percent, figures well exceeding DSRIP targets. This success suggests that improving health care for the poor need not depend on extra spending—but that smarter spending is in order.

Smart spending takes concern for patients' well-being beyond strictly medical care. The keynote speaker at the NBPC conference, Jason Helgerson, the former Medicaid director of NYSDOH and the principal architect of the DSRIP program, insists that doctors' awareness of patients' circumstances must include the Social Determinants of Health. He told conference attendees that "the real cause of bad health outcomes is often poverty, inadequate housing, food deserts and social isolation" and other social, non-medical factors. Comprehensive care, Helgerson says, demands integrating a response to social needs with the physical and mental care of patients. The experience of SOMOS demonstrates the effectiveness of this approach.

That awareness of the social dimension is missing from traditional publicly funded healthcare models in the US, which is one of the key differences between the US health-care system and that in other developed nations. Helgerson calls on doctors to engage other community leaders—experts on housing, education, employment, etc.—and launch community task forces to create local cultures of health and overall well-being. Such is the high calling of Neighborhood-Based Primary Care.

SOMOS is grateful for Helgerson's high marks for the organization's commitment to innovation in pursuing the transformation of health care for the most vulnerable patients in the inner city. SOMOS must now find a way to continue operating the NBPC model beyond the DSRIP mandate, which is scheduled to conclude March 31, 2020.

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SOMOS, the only physician-led Performing Provider System under DSRIP, is unique in the health care universe of New York State, which is dominated by massive hospital-based systems that inevitably deliver care that is more impersonal. For SOMOS, which could conceivably continue as both a non-profit and for-profit entity, the challenge is to attract investment and partners that will help sustain the organization without hampering the patient-centered care that is the hallmark of NBPC. Helgerson's advice was succinct: "Fight, fight, fight."